

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43208**  
Registrar's No. **3052**

BIRTH NO. _____		REG. DIST. NO. <b>217</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>3052</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis Co.</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston</b>		4300		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6455 Wells Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>6455 Wells Ave.</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>OTHO</b>		b. (Middle) <b>WILLIAM</b>		c. (Last) <b>KING.</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 15, 1892.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Land scaper</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>58</b>		11. BIRTHPLACE (State or foreign country) <b>? Pennsylvania</b>		
13a. FATHER'S NAME <b>? King</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>Susie King wife</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-10-4344.</b>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <b>Susie King, 6455 Wells Ave.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA of Sigmoid</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>153X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1-3-1950</b>	
19a. DATE OF OPERATION <b>2-24-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>ADENOCARCINOMA of Sigmoid Colon</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>1-3</b> , 19 <b>50</b> , to <b>12-17</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12-16</b> , 19 <b>50</b> , and that death occurred at <b>9:00 A.M.</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>James J. Fickel D.O.</b>				23b. ADDRESS <b>6201 Lotus Ave.</b>		23c. DATE SIGNED <b>12-18-50.</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec. 20, 1950.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cemetery in Eaton, Ohio</b>		24d. LOCATION (City, town, or county) (State) <b>Eaton, Ohio.</b>		
DATE REC'D BY LOCAL REG. <b>Dec 18-50</b>		REGISTRAR'S SIGNATURE <b>Harold R. Dink...</b>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <b>Jos. W. Clark, 1125 Hodiament Ave.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

Dr. James Hicks,  
1914. 1650.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Elton R. Remelun*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.